

UNITED STATES DISTRICT COURT

for the

PARKER SAEED

5440 MARINELLI RD APT 142

N. BETHESDA, MD, 20852

Plaintiff(s)

v.

DEPARTMENT OF HEALTH AND HUMAN
SERVICES
CHILD WELFARE SERVICES

Defendant(s)

Civil Action No.

PX 24 CV 0749

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

DIAMOND GENEVIEVE

7300 CALHOUN PLACE, SUITE 400

ROCKVILLE MD 20855

240 777 4004

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

SAEED PARKER 5440 MARINELLI RD APT 142
NORTH BETHESDA, MD, 20852

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Date: 3/21/2024

Signature of Clerk or Deputy Clerk

Civil Action No.

PX 24CV0749

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: